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Joint Committee on Labor and Public Employees

Testimony in Support of HB-5461

AAC Protection for Employees who Breastfeed or Express Breast Milk in the Workplace.

Representative Zalaski, Senator Prague and members of the Labor and Public Employees Committee, thank you for the opportunity to testify in support of House Bill 5461, An Act Concerning Protection for Employees who Breastfeed or Express Breast Milk in the Workplace.

In recent years breastfeeding protections have been increased, specifically with The Patient Protection and Affordable Care Act (PPACA) signed by President Obama in March of last year. Plainfield resident Tammy Miner informed me, however, that there is still vast room for improvement. As a new mother and a Connecticut casino employee, Ms. Miner had extreme difficulty in finding the time to pump breast milk due to the inconvenient facility and inconsistent break times offered. At her return to the Tribal Casino, Ms. Miner was able to take two half hour breaks to express milk. However, a problem arose due to the lack of coverage to take a second break.

After reporting the issue, her employer only made matters worse by taking away the second break. Not only was Ms. Miner's second break taken, but the casino only had one room to express milk for over 10,000 employees and her employer had no policy pertaining to breastfeeding. Ms. Miner had to fight for her rights to be a mother by writing countless letters and complaints resulting in very few changes. Sadly scenarios such as this occur every day in the workplace.

Breastfeeding has many benefits to both mothers and infants alike. Besides having various economical and psychological benefits, breastfeeding is also extremely important for a child's health in warding off disease and improving a child's growth and development. According to the Connecticut Breastfeeding Coalition, statistics show that 75% of women in Connecticut breastfeed their infants directly after birth. Unfortunately this number drops dramatically within 6 months to a low 13%. This occurs for a variety of reasons which are discussed by U.S. Surgeon General Regina

Benjamin in a "Call to Action to Support Breastfeeding", portions of which I have attached to my testimony. According to the Surgeon General the most common barrier for breastfeeding mothers is their return to the workplace. This is due to a variety of factors including inadequate break time, poor facilities and lack of support.

In concurrence with the Surgeon General's recommendations, I would like to advance support for breastfeeding in the workplace. The new provisions in this bill protect the rights of working mothers and the mothers themselves from mistreatment in the workplace.

Removing these barriers in the workplace, however, is only a small step in a range of necessary action. Many women are unaware of their rights to breastfeed and pump breast milk in the workplace, adding to a very evident problem. In addition to more protection in the workplace, I ask that we also initiate plans for a campaign to educate mothers on the benefits of breastfeeding and on their rights in the workplace.

The benefits of breastfeeding are too important for the well being of children and mothers alike to allow barriers such as these to continue. Thus, I offer support of House Bill 5461 to better protect the mothers who are employed and to ensure a better future for our state's citizens.

Again, I want to thank Senator Prague, Representative Zalaski, and the rest of the committee for raising this important bill and allowing me to testify on it.

The Surgeon General's Call to Action to Support Breastfeeding



The Importance of Breastfeeding

Health Effects

The health effects of breastfeeding are well recognized and apply to mothers and children in developed nations such as the United States as well as to those in developing countries. Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children.¹

In 2007, the Agency for Healthcare Research and Quality (AHRQ) published a summary of systematic reviews and meta-analyses on breastfeeding and maternal and infant health outcomes in developed countries.² The AHRQ report reaffirmed the health risks associated with formula* feeding and early weaning from breastfeeding. With regard to short-term risks, formula feeding is associated with increases in common childhood infections, such as diarrhea³ and ear infections.² The risk of acute ear infection, also called acute otitis media, is 100 percent higher among exclusively formula-fed infants than in those who are exclusively breastfed during the first six months (see Table 1).²

The risk associated with some relatively rare but serious infections and diseases, such as severe lower respiratory infections^{2,4} and leukemia^{2,5} are also higher for formula-fed infants. The risk of hospitalization for lower respiratory tract disease in the first year of life is more than 250 percent higher among babies who are formula fed than in those who are exclusively breastfed at least four months.⁴ Furthermore, the risk of sudden infant death syndrome is 56 percent higher among infants who are never breastfed.² For vulnerable premature infants, formula feeding is associated with higher rates of necrotizing enterocolitis (NEC).² The AHRQ report also concludes that formula feeding is associated with higher risks for major chronic diseases and conditions, such as type 2 diabetes,⁶ asthma,² and childhood obesity,⁷ all three of which have increased among U.S. children over time.

As shown in Table 1, compared with mothers who breastfeed, those who do not breastfeed also experience increased risks for certain poor health outcomes. For example, several studies have found the risk of breast cancer to be higher for women who have never breastfed.^{2,8,9} Similarly, the risk of ovarian cancer was found to be 27 percent higher for women who had never breastfed than for those who had breastfed for some period of time.² In general, exclusive breastfeeding and longer durations of breastfeeding are associated with better maternal health outcomes.

* The term "formula" is used here to include the broad class of human milk substitutes that infants receive, including commercial infant formula.

Employment

Action 13. Work toward establishing paid maternity leave for all employed mothers.

Most women of childbearing age in the United States are in the labor force. Numerous studies have demonstrated that providing paid maternity leave for employed mothers increases the success of breastfeeding. The International Labor Organization, an arm of the United Nations, recommends a paid maternity leave of 18 weeks and also recommends that employers not be solely responsible for funding maternity leave, as this could create a disincentive to hire women. The International Labor Organization's recommendations might be reasonable goals for the United States. In this country, the Family and Medical Leave Act of 1993 provides for 12 weeks of unpaid leave that can be used for maternity leave. However, unpaid leave is usually not an option for lower-income mothers, who are disproportionately women of color. Therefore, paid leave is necessary to reduce the differential effect of employment on breastfeeding among disadvantaged racial, ethnic, and economic groups, which in turn would allow disadvantaged populations to benefit from the health effects of breastfeeding.

Implementation Strategies

Add maternity leave to the categories of paid leave for federal civil servants. This change is an important step toward filling gaps and expanding access to paid maternity leave. A benefit of paid maternity leave for federal government workers would be useful to mothers employed by the federal government and encourage other work sectors to implement similar programs. Several private-sector employers have successfully provided paid leave. The federal government should assess existing model programs to develop a program for its employees.

Develop and implement programs in states to establish a funding mechanism for paid maternity leave. Currently, several states have passed or are considering legislation to establish paid family or maternity leave. The funding mechanisms used or proposed include the State Temporary Disability Insurance program and state-administered insurance systems for family leave that are financed by employer or employee payroll deductions. States are encouraged to be creative in developing ways to fund paid maternity leave.

Action 14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.

In the United States, a majority of mothers have returned to the workplace by the time their infants are six months old. Continuation of breastfeeding after returning to work is facilitated if the employer offers a lactation support program. The evidence demonstrates that supportive policies and programs at the workplace enable women to continue providing human milk for their infants for significant periods after they return to work. High-quality lactation programs go beyond just providing time and space for breast milk expression, but also provide employees with breastfeeding education, access to lactation consultation, and equipment such as high-grade, electric breast pumps. Currently, only a quarter of U.S. employers provide breastfeeding employees with a place to express breast milk at the workplace.

Implementation Strategies

Develop resources to help employers comply with federal law that requires employers to provide the time and a place for nursing mothers to express breast milk. As part of the Affordable Care Act enacted in 2010, the Fair Labor Standards Act was amended to require employers to provide reasonable break time and a private place for nursing mothers to express milk while at work. Programs are needed to educate employers about the new law, supply examples of how it can be implemented in a variety of work settings, and provide assistance to businesses that find compliance difficult.

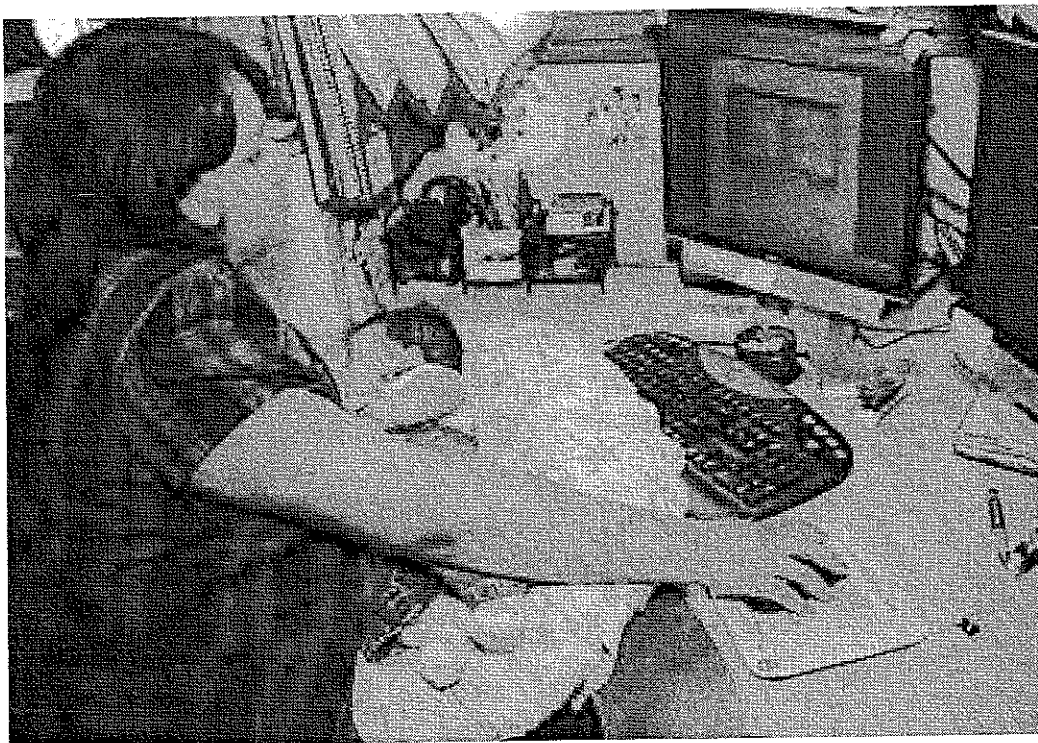
Design and disseminate materials to educate employers about the benefits of providing more comprehensive, high-quality support for breastfeeding employees. The Health Resources and Services Administration resource kit, *The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite*, is one model of how to promote employer support for breastfeeding employees. Developing Web sites, videos, conference exhibits, and peer-to-peer marketing strategies could all be useful for expanding the use of lactation programs and implementing effective programs across a variety of work settings. New materials that focus on the unique concerns of non-office work environments and workplaces with few employees should be developed.

Develop and share innovative solutions to the obstacles to breastfeeding that women face when returning to work in non-office settings. While there are numerous examples of creating lactation rooms in office buildings and large stores, many work environments are more challenging for breastfeeding women returning to work. For example, farm workers may find it difficult to access a private place shielded from public view. Service workers who are on the road may not have a regular workplace where they can express milk. Challenges also exist in allowing break time for breast milk expression in businesses where there are few employees to cover during breaks. Many employers have already worked with workplace lactation consultants to develop innovative solutions, such as special trailers, makeshift temporary spaces, or “floater” employees, to enable nursing mothers to take breaks.

Promote comprehensive, high-quality lactation support programs as part of a basic employee benefits package. There are cost savings from better retention of experienced workers, higher employee morale, greater loyalty and productivity of employees, reduction in absenteeism and sick leave taken by parents of young children, and lower costs for health care and health insurance. While the percentage of employers having lactation support programs has increased over the past decade, many women still find it difficult to combine breastfeeding with work.

Action 15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.

Although working mothers can express and store their milk for other persons to feed to their infants, this option should be only one approach in a multipronged strategy to achieve the goal of increasing support in the workplace. Directly breastfeeding the infant during the workday is the most effective strategy of combining employment and breastfeeding because it increases both the duration and intensity of breastfeeding. Possible strategies for working mothers include having the mother keep the baby with her while she works, allowing the mother to go to the baby to breastfeed during the workday, telecommuting, offering flexible work schedules, maintaining part-time work schedules, and using on-site or nearby child care centers.



Implementation Strategies

Create incentive or recognition programs for businesses that establish, subsidize, and support child care centers at or near the business site. If mothers are able to go to their babies during the work day, they would be able to breastfeed and not need to express and store their milk. Program incentives provided for expressing and storing milk should also be provided for strategies that enable direct breastfeeding.

Identify and promote innovative programs that allow mothers to directly breastfeed their babies after they return to work. These innovative solutions can then be widely disseminated to businesses and other employers. *The Business Case for Breastfeeding* resource kit was adapted recently to apply specifically to the conditions in Fortune 500 companies. Organizations can use case studies of programs already functioning successfully in such large businesses or agencies as models for implementing programs.

Action 16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

Because most employed mothers return to work in their babies' first year of life, providers of child care have a critical role to play in supporting employed mothers who breastfeed. Child care centers are regulated by the individual states, and although there are national standards on support of breastfeeding mothers and caring for breastfed infants, few states have regulations mandating that these standards be enforced at the state level.

Implementation Strategy

Promote adoption of the breastfeeding standards in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*.

Some states have developed their own child care guidelines based on these standards,²⁸¹ and these guidelines can serve as models for other states. States should facilitate training for these providers on how to support breastfeeding mothers and how to feed breast milk to infants. Facilitation might include developing instructional materials, providing incentives for training, or requiring training in breastfeeding-related topics for all providers who care for infants. Because the national guidelines recommend such training, models are already available. The federal government might encourage adoption of the national guidelines through educational programs for state health departments or other state agencies that license or oversee child care.